

DELDOT SNOW REMOVAL REIMBURSEMENT PROGRAM

## CHANGE FORM

Please complete when any association information has changed.

Return completed form to **Melissa Pryor**:

Mail: DelDOT M&O Bus. Mgmt.  
PO BOX 778  
Dover, DE 19903

Fax: (302) 739-7390  
E-mail: [Melissa.Pryor@state.de.us](mailto:Melissa.Pryor@state.de.us)

Association name:	
Association EIN/Tax ID:	
Association address: (reimbursement check/EFT notification will be sent here)  <b>NOTE: The DE Substitute W-9 must be completed ONLINE if the association address or banking information has changed. Use this link:</b> <a href="https://w9.accounting.delaware.gov/">https://w9.accounting.delaware.gov/</a>	
Name of association contact:	
Position held:	
Contact's address: (Annual packet and correspondence will be sent here)	
Home phone number:	
Work/Cell phone number(s):	
Email address:	
Alternate contact information: (Name, position, phone number)	
Notes/Comments:	